

David L. Alvord, *Mayor*
Mark Seethaler, *Councilman*
Chuck Newton, *Councilman*
Donald J. Shelton, *Councilman*
Steve Barnes, *Councilman*
Christopher J. Rogers, *Councilman*



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Vendor Direct Deposit Form

Vendor Name: _____

Name on Bank Account: _____

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Routing Number: _____

Account Number: _____

Checking or Savings Account: _____

I hereby authorize that the above information is true and accurate.

Authorizing Signature

Print Name

E-Mail _____

Fax Number _____

Phone Number _____